Table S2. Typology of respectful maternity care during childbirth

Third-Order Themes	Second-Order Themes	First-Order Themes
Being free from harm and mistreatment	Not shouting and screaming at women Providing safe, supportive and secure care	 Speaking with women in calm, measured, respectful manner Treatment by competent professionals Providing psychosocial support to the women including praise, companionship, and empathy Providing a confident and caring relationship Collaboration between caregivers to provide a secure and continuous care
Maintaining privacy and confidentiality	Ensuring privacy during physical examinations and procedures	 A safe and secure environment Ensuring women are not physically exposed to others when performing vaginal or abdominal examinations Avoiding or minimizing other patients' ability to observe Shielding women from visitors of other women Where possible, accommodating women's preferences for staff gender Limiting the number of attending persons performing examinations and procedures
	Maintaining the confidentiality of women's personal information	 Maintaining confidentiality throughout all aspects of care
Preserving women's dignity	Giving women the feeling of being welcomed	 Providing the feeling of acceptance in the health facility Providing a positive environment that helps women to feel they are welcome in the labor environment
	Considering women as a "human being" and not a "thing"	 Providing and empowering emotional or psychological dignity or 'personhood' Seeing women as individuals with unique fears and desires, and addressing these in a respectful way Not speaking about women as an "object"
	Promoting dignified care in high- and low-risk clinical situations	 Providing personalized care for women regardless of their risk status (high- or low-risk) Transparency in providing knowledge to women with risk factors for complications Conducting vaginal examination with permission and in a gentle manner
	Respecting cultures, values and beliefs of individual women and local communities	 Providing culturally sensitive care Respecting local beliefs Providing knowledgeable healthcare that takes different women's physical and spiritual needs into account Supporting women's use of safe alternative therapies
	Being sensitive to the wishes and needs of the women	Planning birth individually in accordance with women's wishesBeing sensitive to each woman's needs
Prospective provision of information and seeking informed consent	Providing information about the environment, labor process/procedures and care plan clearly and neutrally	 Clear expression of what will happen during stay in health facility Providing information about birth processes and all issues relating to childbirth Providing information about how to cope with labor Providing information about breathing and relaxation techniques, ambulation, and pushing Providing information about any interventions that women are about to undergo
	Providing information about women's rights	 Providing information about rights as a patient Providing information about standard care during labor and birth
	Asking permission to carry out labor and childbirth procedures	 Asking permission to perform vaginal examinations Asking permission to physically touch the woman

		Asking permission before performing minor procedures	
		 Providing information about available birth options and choices to enable women to make choices 	
	Obtaining informed consent for any interventions, and explaining the reasons for intervention or outcomes clearly	 Obtaining informed consent for interventions like episiotomy, Cesarean section 	
		 Explaining the risks and benefits of interventions or outcomes clearly Providing information about where to report to when incidences of violations 	
	Women informed on how to report incidences of violations or abuse	 abuse take place Providing information about availability of counseling services for when they have experienced a violation 	
		 Permitting women's companions to accompany them in labor ward (if woman desires) 	
Ensuring continuous access to family and community support	Family attendance and presence of labor companions of choice	 Welcoming the women's partner, facility and/or friends to the facility Helping women receive support, encouragement and reassurance from labor companions 	
		Promoting companion presence by facilitating rules and regulations of the facility	
	Providing space for partners, family and friends	 Providing space and comfort for partner, family and/or friends' visits and stay 	
Enhancing quality of physical environment and resources	Providing a comfortable, clean, and calming birth environment	 Providing a comfortable and relaxing environment, supporting physical comfort and physiological needs Providing a calm, clean environment during both labor and birth 	
		Limiting ward visiting hours so women can rest	
	Ensuring access to essential resources, such as medication and equipment	 Access to necessary medical investigations and medications Access to necessary medical technologies No discrimination based on ethnicity/race/religion 	
Providing equitable maternity care	Availability of equitable services for all, regardless of age, ethnicity, religion, or other subgroups	 No discrimination based on age No discrimination based on socioeconomic status No discrimination based on medical conditions No discrimination based on language Providing equal chances of receiving the same standard of dignified care for 	
	Non judgmental care	 those with special needs (e.g. poor awareness of their rights, and language difficulties) Ensuring women with different ethnic, social and cultural backgrounds all 	
	Non-judgmental care	received same high standard of care	
	Talking and listening to women	 Providing verbal praise and encouragement during labor and birth Listening to women's concerns and trying to solve issues and addressing concerns 	
	Practicing and encouraging effective non-verbal communication	 Being sensitive to women's wishes and needs Acknowledging the importance of body language, nonverbal communication, gestures, and expressions. Providing passive support by being present 	
Engaging with effective communication	Being honest	 Valuing honesty, even in challenging situations Saying "I don't know" and knowing when to call for help 	
	Availability of interpreters due to language proficiency and cultural differences	 Having interpreters to translate and explain procedures Ensuring quality of care given to women with language difficulties 	
	Providing empathy	 Showing compassion for what women are experiencing Presenting willingness to provide support and help by being warm, calm, patient, kind, tactful, smiling, and having a warm voice all through taking care of women Giving women full attention and true assistance Addressing women's doubts 	

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Continuity of care provide focused care and advice • Efforts to connect women with their preferred care providers			
	Continuity of care		
		Continuous presence of staff throughout labor and	

childbirth	 Access of women to a call button when assistance is needed 		
	 Health workers available to women on demand 		
	 Promotion of mother and child bonding 		
	 Respecting women's decisions in breastfeeding 		
Supportive care during and after the childbirth	 Providing help and support with breastfeeding in postnatal ward 		
Supportive care during and after the childbirth	 Providing support in caring for the baby 		
	 Letting women talk to another postpartum women who has experienced 		
	childbirth		

The typology presented in this table is an evidence-based classification system of how women can be respected during childbirth in health facilities, based on the findings of the evidence syntheses. The frameworks to inform development of this typology included: (1) WHO Quality of Care Framework for Pregnant Women and Newborns;¹⁷ (2) Mistreatment of women framework;⁵ (3) Health system responsiveness domains;¹⁸ and (4) White Ribbon Alliance's 7 Rights of Childbearing Women.¹¹ The first-order themes are identification criteria describing specific respectful care activities. The second- and third-order themes further classify these first-order themes into meaningful groups based on common attributes. The third-order themes are ordered from the level of interpersonal relations through the level of the health system.